## BY ORDER OF THE SECRETARY OF THE AIR FORCE





Medical Command
FAMILY ADVOCACY PROGRAM

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(Col Charles W. Campbell)

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This directive establishes the framework for the Air Force Family Advocacy Program. This directive implements DoD Directive 6400.1, *Family Advocacy Program*, 23 June 1992. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 37-123, *Management of Records* and disposed of in accordance with the Air Force *Records Disposition* 

#### SUMMARY OF REVISIONS

This revision incorporates the New Parent Support Program into the Air Force Family Advocacy Program (FAP). Changes also clarify FAP's focus on intervention with families to prevent or stop family maltreatment. Additional language is also provided to explain the terms of Family Maltreatment Case Management Team and Maltreatment Prevention Services. Changes also describe the relationships between the Family Advocacy Committee (FAC), the Community Action Information Board (CAIB) and the Integrated Delivery System (IDS). This revision also includes new metrics consistent with newly established DoD FAP metrics. This directive applies to Air National Guard members only when activated or on orders for federal service.

- 1. The Air Force Family Advocacy Program (FAP) is a medical program that enhances Air Force readiness by promoting family and community health and resilience. Air Force FAP also advocates for nonviolent communities. These objectives are accomplished through the use of broad-based education and awareness activities along with the identification and treatment of family maltreatment incidents. These services prevent family maltreatment from reducing the duty performance of Air Force members. This directive establishes policy for developing and managing the FAP throughout the Air Force.
- **2.** The Air Force offers maltreatment prevention services to active duty members and their families, whether or not those families are identified as *at-risk*. The New Parent Support Program (NPSP) will be established IAW Air Force Medical Support Agency (AFMSA) guidance.

- **3.** The Air Force Family Advocacy Office, in compliance with DoD guidance, will provide or coordinate evaluation or intervention for eligible beneficiaries in all reported cases of family maltreatment.
- **4.** This directive establishes the following responsibilities and authorities:
  - 4.1. HQ USAF/SG oversees policy and advocates for the Air Force FAP. HQ USAF/SG interfaces with the Office of the Secretary of Defense staff to develop DoD policy and legislative initiatives.
  - 4.2. The Air Force Medical Support Agency (AFMSA) acts as the agent for HQ USAF/SG in carrying out the Air Force's approved and directed policies of FAP prevention, recordkeeping, reporting, clinical intervention, and program evaluation.
  - 4.3. AFMSA's Family Advocacy Program Office advises the Air Force Surgeon General to form plans and policies for the FAP.
  - 4.4. Major Command (MAJCOM) surgeons support the FAP to ensure their installations are in compliance with this directive.
  - 4.5. Installation commanders implement the FAP by establishing a Family Advocacy Committee (FAC) at each installation. The FAC is a subcommittee of Community Action Information Board (CAIB). FAP representation is required as a member of the Integrated Delivery System (IDS) Team.
  - 4.6. Medical treatment facility (MTF) Commanders manage and monitor base-level health care associated with the FAP.
  - 4.7. The Family Maltreatment Case Management Team (FMCMT) manages all FAP referrals.

# **5.** Terms Explained:

- 5.1. At-Risk Populations are individuals or families that exhibit characteristics or behaviors known to be associated with family maltreatment.
- 5.2. Family Maltreatment exists when a military family member experiences non-accidental physical or emotional trauma or neglect.
- 5.3. Family Maltreatment Case Management Team is a multidisciplinary team that assesses referrals and develops overall intervention strategies for all maltreatment incidents.
- 5.4. Maltreatment Prevention Services are programs and services for all eligible beneficiaries aimed at building the resilience of installation communities, preventing family maltreatment, and/or educating individuals to recognize and report suspected maltreatment.
- 5.5. New Parent Support Program is a voluntary prevention program offered to eligible beneficiaries identified as at-risk for family violence with children up to 3 years old and pregnant spouses.
- **6.** This policy applies to all military and civilian beneficiaries who are entitled to receive care in an MTF.
- 7. See Attachment 1 for measuring and displaying compliance.

**8.** See **Attachment 2** for references and supporting information.

PETER B. TEETS
Acting Secretary of the Air Force

### **Attachment 1**

### GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

This directive implements the following publications:

# References

DoD Directive 6400.1, Family Advocacy Program (FAP), August 23, 2004

Child Abuse Prevention and Treatment Act of 1974 (as amended)

The Crime Control Act of 1990

The DoD Family Advocacy Program Standards and Self-Assessment Tool August 1992

AFI 40-301, Family Advocacy, January 19, 2005

AFI 41-115, Authorized Health Care and Health, December 28, 2001

Benefits in the Military Health Service System (MHS)

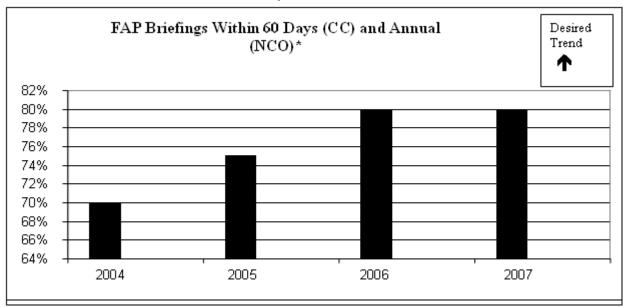
AFI 90-501, Community Action Information Board and Integrated Delivery System, October 15, 2002

#### **Attachment 2**

## MEASURING AND DISPLAYING COMPLIANCE WITH POLCY

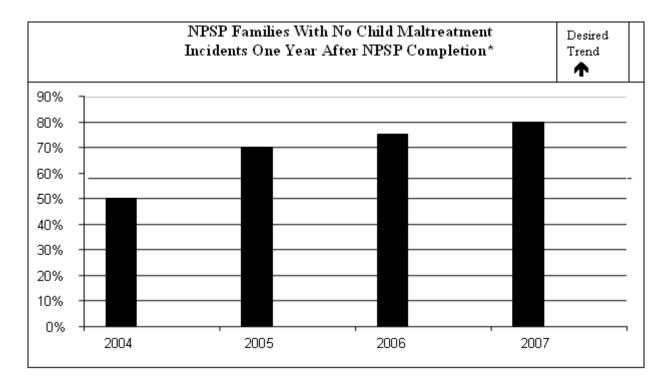
- **A2.1.** The Air Force FAP will report two performance indicators: Percentage of FAP briefings conducted within 60 days of assumption of command for commanders and annually for senior NCOs, and percentage of families enrolled in NPSP for at least 6 months with no confirmed incidents of child maltreatment one year after services are completed. Data for performance indicators are available through Family Advocacy System Of Record (FASOR) and the Family Advocacy Program Network (FAPNet).
  - A2.1.1. Percent of FAP briefings conducted within 60 days of assumption of command for commanders and annually for senior NCOs (figure A1.1).
  - A2.1.2. Percent of families enrolled in NPSP for at least 6 months with no confirmed incidents of child maltreatment one year after services are completed (figure A1.2).

Figure A2.1. Sample Metric of Percent of FAP Briefings Conducted Within 60 Days of Assumption of Command for Commanders and Annually for Senior NCOs



NOTE: \* Notional Data

Figure A2.2. Sample Metric of Percent of Families Enrolled in NPSP for Minimum of Six Months With No Confirmed Incidents of Child Maltreatment One Year After Completion of NPSP.



**NOTE:** \* Notional Data